

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118
Registered No. 204

PLACE OF BIRTH

County Gila State Arizona
District or Township Heobe or Village _____
City Heobe No. Gila County Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Frevius { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 1st 6. Legitimate? Yes 7. Date of birth Nov-1-1928
Month Day Year

| 8. FATHER | | 14. MOTHER | |
|--|--|---|--|
| Full name <u>Will not say</u> | | Full maiden name <u>Edith Willis</u> | |
| 9. Residence (Usual place of abode) <u>Heobe</u> | | 15. Residence (Usual place of abode) <u>Heobe</u> | |
| If non-resident, give place and state. <u>Arizona</u> | | If non-resident, give place and state. <u>Arizona</u> | |
| 10. Color or race <u>White</u> | 11. Age at last birthday _____ (Years) | 16. Color or race <u>White</u> | 17. Age at last birthday <u>24</u> (Years) |
| 12. Birthplace (city or place) _____ (State or country) _____ | | 18. Birthplace (city or place) <u>Pleasant Valley,</u> (State or country) <u>Arizona</u> | |
| 13. Occupation _____ Nature of industry _____ | | 19. Occupation <u>cook</u> Nature of industry _____ | |

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:25 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature: G. E. Wightman M.D.
(Physician or midwife).

Given name added from a supplemental report 062-1101-562 Address _____
Month, day, year

Filed 12/10, 1928 G. E. Wightman M.D.
Registrar Registrar

Baby was
ed by mother's sister, Edith Frevius.